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Human rights situation in Palestine and other occupied Arab territories

Written statement* submitted by Medical Aid for Palestinians (MAP), a non-governmental organization in special consultative status

The Secretary-General has received the following written statement, which is hereby circulated in accordance with Economic and Social Council resolution 1996/31.

[2 February 2018]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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Right to health for Palestinians in the occupied Palestinian territory (oPt)

As a medical and humanitarian organisation working in the occupied Palestinian territory (oPt), Medical Aid for Palestinians (MAP) would like to express its deep concern regarding ongoing violations of Palestinians' right to health amid the world's longest-running military occupation.

International humanitarian law stipulates that, as the occupying power, Israel is responsible for the health and welfare of the Palestinian population under its control. As a State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), Israel has also recognised "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" and committed to take steps to achieve the full realisation of this right. Nevertheless Israel's policies and practices in the West Bank, including East Jerusalem, and Gaza demonstrate continuing disregard for these standards and lack of accountability for its abuses.

Access to healthcare

The accessibility of healthcare is a fundamental component of the right to health. If patients are unable to get to centres of care, other aspects such as the quality and availability of treatment are rendered meaningless. Yet Palestinians in the West Bank, including East Jerusalem, and Gaza, marking under 50 years under Israel's military occupation, face numerous physical and bureaucratic barriers to accessing effective treatment and care. These primarily relate to limitations placed on freedom of movement as manifested through the blockade and closure of Gaza; the Israeli permit system; and the restricted movement of ambulances through checkpoints.

Palestinian residents who need medical care outside of their region of residence require an exit permit from the Government of Israel. This is primarily an issue for residents of the West Bank and Gaza, who are often referred for treatment in East Jerusalem, where six specialist Palestinian hospitals are located. As stated by the World Health Organization (WHO), obtaining Israeli permits is a process that is "neither transparent nor timely".1

2017 marked the lowest rate of permit approvals for Palestinian patients seeking to exit via the Erez crossing for treatment outside Gaza yet recorded. From January to the end of November, on average 45.5% permit applications were either denied by the Israeli authorities, or received no response leading to missed medical appointments.2 This is significantly increased from a denial or delay rate of 8% in 2012.3 In 2017, Al Mezan Centre for Human Rights and Medical Aid for Palestinians recorded 20 cases of patients from Gaza who died after being refused a permit or not receiving a response in time to attend their medical appointment.

In all but a few cases, the Israeli government does not allow Palestinian patients, even emergency cases or those receiving critical care, to enter East Jerusalem from the West Bank in a Palestinian-registered ambulance. Instead, they must undergo a procedure known as the 'back-to-back' transfer at a checkpoint, whereby they are moved from a Palestinian ambulance to an Israeli-registered one. This process leads to delays, which can mean that transfers through a checkpoint can take up to five times longer, causing substantial discomfort and medical risk for the patient as they are walked or wheeled between ambulances, sometimes in a critical condition.

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1 World Health Organization (2011), Referral Patients Vulnerable to Delay, Denial and Conditions in Accessing Right to Health. Site: http://www.emro.who.int/palestine-press-releases/2011/referral-patients-vulnerability.html

2 World Health Organization (2017) monthly reports on referral of pations from Gaza Strip. Site: http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html

3 World Health Organization (2013), Right to Health: Crossing Barriers to Access Health in the Occupied Palestinian Territory, 2013. Site: http://www.emro.who.int/images/stories/palestine/documents/WHO_-_RTH_crossing_barriers_to_access_health.pdf?ua=1

In December 2017, Palestinian media and the UN Office for the Coordination of Humanitarian Affairs (OCHA) reported the case of 9-year-old girl from Awarta village, who was sick and had special needs, and died on her way to hospital after her parents were denied permission to pass through Awarta checkpoint with her in order to reach Rafidiya Hospital in Nablus. Following a detour to Huwwara checkpoint, the family suffered another delay, but were eventually given permission to pass through. However, Dalal was pronounced dead on arrival at the hospital after a journey totaling 90 minutes. The normal time for travel from her village to the hospital is 15 minutes.4

Protection of healthcare

In the context of prolonged occupation, Palestinians suffer frequent violence and conflict in both the West Bank and Gaza, with medical teams sometimes put in harm's way and medical facilities damaged or destroyed as a result of Israeli military action. The impacts on health go far beyond the immediate damage, as the capacity of the Palestinian health sector to provide adequate care to the population is reduced and the right to health is undermined. When violations against the health sector occur in a culture of impunity, the international norms which ensure the essential protection of civilian infrastructure and humanitarian personnel in conflicts worldwide are eroded.

Successive Israeli military operations in Gaza between 2008 and 2014 saw 147 hospitals and primary health clinics and 80 ambulances damaged or destroyed, and 145 medical workers injured or killed. 5 The Israeli Government has failed to adequately cooperate with international investigations, and denied members of the UN Commission of Inquiry (COI) entry to Gaza to investigate alleged violations. The COI has expressed concern about "a number of procedural, structural and substantive shortcomings" in Israel's military investigation system, and pointed to the urgent need for proper investigations.6

Hospitals and medics have not been free from attack in the West Bank. In 2017, the Palestine Red Crescent Society recorded 18 attacks on its ambulances, and 25 injuries to volunteers and paramedics across the whole oPt, with the majority occurring at protests. They also recorded 38 cases of obstruction to the movement of ambulances.

In July 2017 Israeli forced raided Al Makassed Hospital in East Jerusalem twice. Israeli forces intimated patients and medical staff and fired stun grenades and teargas in the yard outside the hospital. They used violence against the medical staff, hospital employees, and visitors. In at least one case, Israeli forces disrupted the medical treatment of a seriously injured patient receiving care at the hospital.7

De-development of healthcare and infrastructure

Through its prohibition of the construction of permanent health facilities for communities in Area C, restrictions on reconstruction materials and some medical supplies into Gaza and denials of permission for health workers and trainees needing to travel around the oPt and abroad, Israel's occupation is stifling the development of Palestinian health services.

In 2017, Gaza marked a decade under Israel's closure and blockade which the International Committee of the Red Cross has termed "a collective punishment imposed in clear violation of Israel's obligations under international humanitarian

4 UN Office for the Coordination of Humanitarian Affairs (2017), Protection of Civilians Report. Site: https://www.ochaopt.org/content/protection-civilians-report-19-december-2017-1-january-2018

5 Medical Aid for Palestinians (2017), Health Under Occupation. Site: https://www.map.org.uk/downloads/health-under-occupation--map-report-2017.pdf

6 Report of the detailed findings of the UN Independent Commission of Inquiry on the 2014 Gaza Conflict (2015). Site: http://www.ohchr.org/EN/HRBodies/HRC/ColGazaConflict/Pages/ReportColGaza.aspx#report

7 B'Tselem (2017) Medical crews assaulted, care for wounded man disrupted, and patients terrorized during police raid of al-Makassed Hospital in East Jerusalem https://www.btselem.org/video/20170814_police_raid_east_jerusalem_hospital

law."8 This decade has been marked by a sharp decline in Gaza's humanitarian situation, which was compounded in June by Israel's reduction of its electricity supply to Gaza at the request of the Palestinian Authority. Healthcare facilities were left without mains electricity for up to twenty hours per day, leaving them reliant on generators for power. Overuse of these generators has caused many to degrade quickly, and maintenance is difficult as some spare parts are on Israel's 'dual use list' and therefore restricted from entry into Gaza. In November, the WHO estimated that a further USD $100,000 is needed to repair generators, and an additional six generators were needed to maintain health services.9 In addition, frequent fluctuations in electricity current has damaged sensitive medical equipment, putting more than 150 machines out of order.

Despite a temporary restoration of power funded by the Palestinian Authority and provided by Israel, Gaza still only receives 6-8 hours of mains electricity daily. On 29 January 2018, Beit Hanoun Hospital in northern Gaza, which provides medical care to over 300,000 people, closed amid dwindling funds for fuel for generators.10

Furthermore, Gaza is suffering chronic shortages of medical supplies. In November, the WHO found that 43% of essential medications were at 'zero stock', meaning less than one month's supply available. 30% of medical disposables were also at zero stock.11

Recommendations

The pervasive violations of human rights in the oPt are fuelled by continuing impunity. We call on the Human Rights Council and Member States to:

1) Place pressure on the Government of Israel to remove the obstacles to the right to movement which undermine access to treatment
2) Work towards ending the blockade and closure of Gaza and the separation between East Jerusalem and the rest of the West Bank and Gaza
3) Pursue accountability for all violations of international human rights and humanitarian law, including attacks on medical personnel and infrastructure, in order to ensure justice for victims and deter repetition of such violations
4) Take steps to reverse the harmful effects on Palestinian health and healthcare caused by the severe fragmentation of the occupied Palestinian territory due to settlements, the separation wall and other barriers to movement

8 International Committee of the Red Cross (2010), Gaza closure: not another year! Site: https://www.icrc.org/eng/resources/documents/update/palestine-update-140610.htm

9 World Health Organization (2017), WHO Special Situation Report Gaza, occupied Palestinian territory October to November 2017. Site: http://www.emro.who.int/images/stories/palestine/documents/WHO-Special-Situation-Report-on-_Gaza_Oct-Nov.pdf?ua=1&ua=1

10 United Nations for the Coordination of Humanitarian Affairs (2018), Protection of Civilians Report 16 - 29 January 2018. Site: https://www.ochaopt.org/content/protection-civilians-report-16-29-january-2018

11 World Health Organization (2017), WHO Special Situation Report Gaza, occupied Palestinian territory October to November 2017. Site: http://www.emro.who.int/images/stories/palestine/documents/WHO-Special-Situation-Report-on-_Gaza_Oct-Nov.pdf?ua=1&ua=1